

PROBATE COURT OF MAHONING COUNTY, OHIO

IN THE MATTER OF: _____, **DECEASED**

CASE NO.: _____

APPLICATION TO DISTRIBUTE UNCLAIMED FUNDS

The undersigned applicant states that the State of Ohio, Department of Commerce, Division of Unclaimed Funds, has on deposit the sum of \$_____, and the Decedent had an interest in said funds.

The Decedent's interest in said funds is verified as set forth in the attached "Claim Form" printout.

The Applicant's relationship to the Decedent is _____.

The Decedent died ☐ testate ☐ intestate on _____ and the estate has been fully administered.

The person(s) entitled to the unclaimed funds pursuant to ☐ the Decedent's Will ☐ the Statute of Descent and Distribution is/are _____

Wherefore, the Applicant respectfully requests this Court to issue an order of distribution to the State of Ohio, Department of Commerce, Division of Unclaimed Funds.

Applicant

Street Address

City, State. Zip Code

Telephone Number (include area code)